PROPERTY MANAGEMENT SERVICES

a division of MPM Services, Inc. 708 W 9th St #107 Lawrence, Kansas 66044 (785) 841-5797

RENTAL APPLICATION

1 01 1470 48 111 011	Today's Date			
	•			
PERSONAL DATA				
Name	Social Sec	urity Number		
Phone Number ()	Date of Birth Age			
Current Address		<u></u>		
Street	City	State	: Zip	
Email	-			
Please circle one regarding the above address: I rent I own It is my parent's address It is a Other (Explain):			a friend's address	
■ If Student:				
Parent's Name				
Parent's Address				
Street	City	State	e Zip	
Parent's Phone ()	or ()		
RENTAL INFORMATION YOU MUST L	IST THE L	AST 3 PLACES YOU	J HAVE LIVED	
- Company I and Tuformation (Mhara van and living		Nata Laura	N-4-1	
 Current Lease Information (Where you are living 	-	Date Lease		
Address		Startea/_/		
		Monthly Dont &		
Landlord's Name		Monthly Rent <u>\$</u>		
Landlord's Address				
Landlord's Address Street	City	State	e Zip	
Landlord's Address Street Landlord's Phone ()	City	State or ()	e Zip	
Landlord's Address Street Landlord's Phone () Previous Rental Information (Previous address)	City	State or (<u>)</u> Date Lease	e Zip Date Lease	
Landlord's Address Street Landlord's Phone () Previous Rental Information (Previous address) Address	City	State or () Date Lease Started/_/	e Zip Date Lease Ends/_/	
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Landlord's Address	City	State or () Date Lease Started/_/ Monthly Rent _\$	e Zip Date Lease Ends / /	
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ROOMMATE INFORMATION		
	r family members who will be living at the add	
Name	Date of Birth Relations	hip to You
 Have you ever broken a lease or 	r been evicted? No Yes (If yes,	, explain):
	pefore? No Yes (If yes, list belo	
	From	
Do you have any pets? No	_ Yes (If yes, please check if address	allows one).
 Have you ever been convicted of 	f a felony either sexual or violent? No	_ Yes
, and a summarious to	y	•
SOURCES OF INCOME		· · · · · · · · · · · · · · · · · · ·
	ıring term of lease you are applying for:	
Employment	\$ Gross per month b	
Spouse's Employment		
Financial Aid	\$Per month (MUST	provide documentation)
Other*	\$Per month	
Total	\$ Per Month	
Explain "Other":		
	ccept any income not reported to the Gove	
Do you have collections on your	credit report (excluding medical or student l	loans)? No Yes
 If student, do your parents pro 	ovide financial support? No Yes	
	For Office Use Only:	
	Monthly Rent	
	Total Income	
	Qualifying Status	
EMPLOYMENT RECORD		
 Employment during term of least 	se you are applying for:	
Company/Business Name)
Company/Business Address		
Stree		State Zip
our Occupation/Title	•	Employed?
,		· · ·

If Married:					
Spouse's Name	Soci	Social Security Number			
Current Address					
Street	t City	State	Zip		
Phone Number ()	Date of Birth	Age			
Email					
Spouse's Employment:					
Company/Business Name	Pho	Phone ()			
Company/Business Address					
Street	t City	State	Zip		
Spouse's Occupation/Title	How	How Long Employed?			
EMERGENCY CONTACT					
■ Please list a person to contact ir	n case of an emergency:		·		
Name	Phone Number ()			
Address					
Street	City	State	Zip		
Relationship to You	——————————————————————————————————————				
AUTO INFORMATION					
■ Please list all autos you will keep	at the property:				
	Year State				
	d in this application are true and com checks for the approval of this applic		my knowledge.		
	X	X			
	X Applicant's Signature	Dat	e		
	X	X			
	Spouse's Signature	Dat	e		